DE-ESCALATION

IN MENTAL HEALTH SERVICES IN REGION ZEALAND

REGION SJÆLLAND
PSYKIATRIEN
– vi er til for dig

Guide to de-escalation

6th edition, January 2017
Region Zealand

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This guide is an appendix to the PhD thesis:

Berring, LL 2016, Deesskalering - håndtering af vold og forebyggelse af tvang på psykiatriske afdelinger.

Et handlingsorienteret aktionsforskningssamarbejde.
Ph.D. thesis, 1 edn, SDU. ISBN nummer: 978-87-93192-91-1.

Contents

Introduction

This is a guide to how staff in mental healthcare units can handle aggressive situation by means of a goal-directed communication process: De-escalation.

The goal of de-escalation is to guide the patient towards a calmer mental and physical state that allows the patient to regain his/her self-control.

De-escalation can be compared to a timeout during which patient and staff seek to solve the problem together. The overall intention is to establish a relationship, while maintaining a safe environment for patients as well as staff.

This de-escalation approach has been developed on the basis of available research and interviews with staff and patients in Region Zealand, Denmark, who had experienced aggressive incidents. The approach was then tested in a secure psychiatric emergency unit for over a year, and finally evaluated and adjusted.

De-escalation

De-escalation is an interactive process carried out in close cooperation with other healthcare professionals with a clearly defined division of responsibilities. Communication with the patient goes through a designated caregiver, who is responsible for all communication with the patient and his/her well-being and safety. The other staff members present are responsible for the safety of the caregiver, staff and other patients. A doctor is responsible for ordering any coercive measures or medication.

De-escalation is divided into an acute phase and a relations phase. In the acute phase the framework for de-escalation is established, to allow a relationship to develop. The elements of the acute phase are shown in red. This is to indicate that they are the preconditions for what comes next; no relationship-building can be initiated unless staff and patients feel safe.

The de-escalation

Acute phase

- Respect personal space
- Create focus
- Change the context

Relation phase

- Show empathy
- Keep the patient's perspective in mind
- Align expectations
- Evaluate the process

This guideline goes through and explains the individual strategies. The last pages are intended for your own ideas.

During the entire process, the focus must be on the patient's perspective, and all actions directed towards supporting the patient's autonomy.

The caregiver must exude calm confidence and a sympathetic and supportive attitude. Non-verbal communication is essential for establishing contact.

Respect personal space

To make a dialogue possible, it is important not to violate the patient's personal space. Personal space is subjective and varies. It can be defined as the space within which the patient feels safe, and to which she/he can retreat to regain self-control. The patient's personal space is established by the staff holding back, observing the patient's reaction, keeping their distance and avoiding direct physical contact or insistent eye contact. This also demonstrates that the staff is willing to spend the time needed to help the patient.

Keep your distance

The caregiver places him/herself, fully visible, about 2 m from the patient. The other staff place themselves within the patient's field of vision.

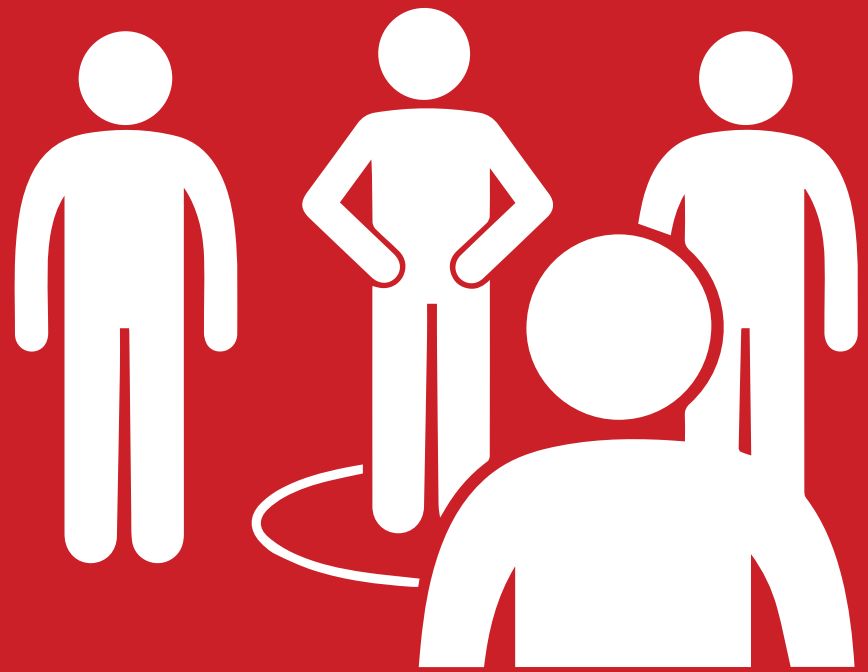
Signal plenty of time

The caregiver does nothing, but waits for the patient to react. This shows the patient that there is no hurry.

Suggestions for dialogue

"We're here because you were shouting and said you were going to hit Peter. Is there anything we can do to help you?"

"I'm Lene and I'm a nurse. I heard you shouting – is there anything I can do to help you?"



Keep your distance Signal plenty of time

Create focus

The patient must feel that there is one person present who wants to help him/her. This is achieved through focused attention from the caregiver, which means that the caregiver interacts with nobody but the patient. With the caregiver focusing only on helping the patient, it becomes possible to engage the patient in a dialogue. This requires that the caregiver knows his/her responsibilities and options beforehand, and listens and speaks to nobody but the patient.

Listen to the patient

Listen more than you speak. The patient must be convinced that one of the staff is genuinely interested in understanding his/her experiences.

Pay attention to your body language

Appear calm and trustworthy. Make sure the patient can see your hands, and maintain a moderate level of eye contact.

Speak only to the patient

Adjust your tone of voice and language to the state of the patient. Stay polite. Spend your energy on establishing contact to the patient. Use short sentences.

Suggestions for dialogue

”Peter, I am Lene. Is there anything I can do to help you?”
“Was it something that happened this morning?”
“Would you prefer ...” or “there are a couple of things we could do”

Listen to the patient

Pay attention to your body language

Speak only to the patient

Change the context

Changing context means creating a new situation. This can be done by creating a diversion, but also by giving a new meaning to the situation.

A change of context can take a patient by surprise and lead to a turning point.

A change of context can be achieved verbally, practically, socially or physically.

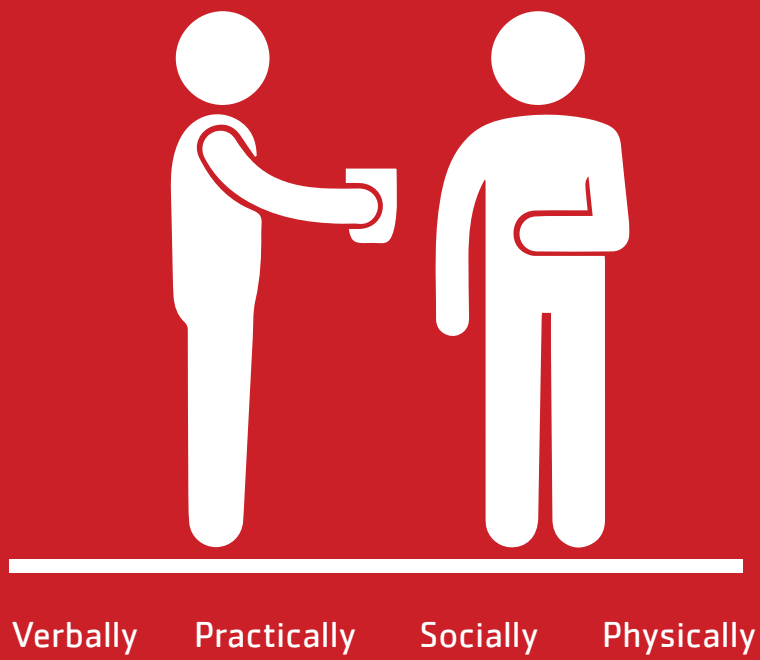
Verbally
Through the dialogue the situation can be re-contextualised. Thus a new meaning is created.

Practically
If the patient has some practical problems that need handling, help the patient do so.

Socially
Let a colleague take over.

Physically
Allow the patient to move to a different place: the living room, the garden or a quiet room. Suggest some physical activity.

Suggestions for dialogue
“Do you feel mainly angry or mainly sad?”
“No, you’re not angry at me; you’re angry because of the way you were admitted.”
“Would you like a cup of coffee?”



Show empathy

Empathy is a pre-condition for a successful de-escalation. You show empathy by putting yourself in the patient's shoes. Empathy can take a variety of forms, but the following aspects will always be included.

Recognise

Your choice of words must express recognition and support of the patient's own resources, and reflect equality.

Support autonomy

By letting the patient tell you about his/her experiences, you support his/her autonomy. Check that you have understood correctly. Give the patient time to find his/her own words.

Support resources

Point out the patient's capabilities. Recognise successes, including minor ones. Believe that the patient is able to make good suggestions on how to end the situation.

Suggestions for dialogue

"I can see why you're angry."
"I've seen you handle a similar situation before ..."
"I remember that last time you'd rather be in the garden. If you want, we could go into the garden."

Recognise

Support autonomy

Support resources

The patient’s perspectiv

Once the patient is in a state that allows dialogue, you must make a determined effort to understand the patient. In this interpretative process, the most important thing is to keep on asking about the patient’s experience. This is achieved through empathy and prior knowledge of the patient or similar situations. In this process, you must be open and curious, and match the patient’s tone of voice.

Listen only

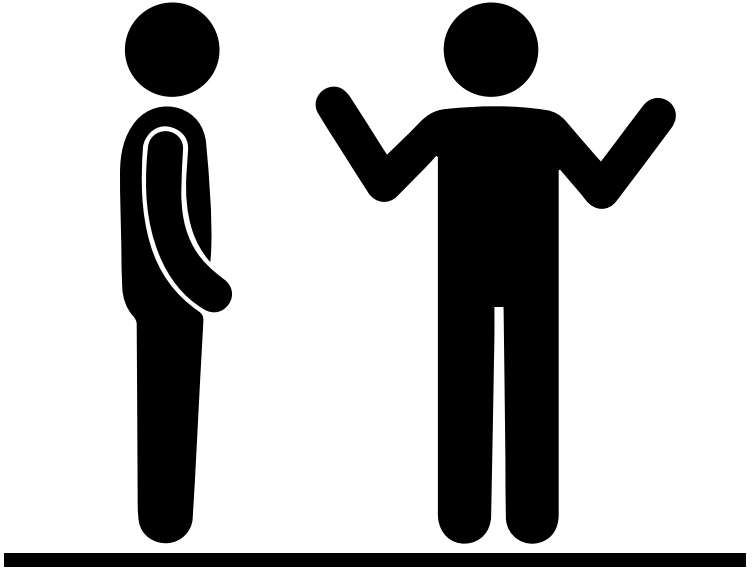
Listen actively. Listen for indications of what triggered the situation. Repeat the patient’s last words. Check that you have understood correctly. Show that you have plenty of time. Don’t interrupt the patient.

Try to understand the patient

No matter what the situation is, try to imagine what the patient has been through or experienced. Consider using Socratic questioning. Also, try to imagine how or why this behaviour helps the patient.

Suggestions for dialogue

“What do you feel we could do to help you?”
“Can you tell me what made you so angry?”
”You said that Peter came into your room and took your book?”



Listen only

Try to understand the patient

Align expectations

The goal of de-escalation is to support a common solution to the problem. Before the process is finalised, it is important to align expectations. This is done by creating a common understanding of the situation.

The basis for an alignment of mutual expectations lies in involving the patient in the next steps in the process, for example through concrete information or specific agreements.

Inform

If the situation requires some limits to be set or a wish to be turned down, inform the patient what is going to happen. Always remember to give reasons for any action.

Involve

An alignment of expectations must be mutual. Ask the patient what usually helps him/her in a situation like this. Ask him/her what you can do to help solve the problem, and ask what she expects of you. It is important that you come across as trustworthy. Don't make promises you can't fulfil.

Suggestions for dialogue

"If you were to give me advice on how to handle this situation, what would that be?"
"What would be your ideal solution to this situation?"
"What do you expect of me and my colleagues in this situation?"
"If you could choose between these two options, which one would you prefer?"

Evaluate the process

Evaluation is the last step in the de-escalation process. There may be many and diverging understandings of what happened. It is important to create an environment in which staff and patients can reflect on what happened, thus turning it into a learning situation. Don't interpret the behaviour of others. Stay focused on your own actions.

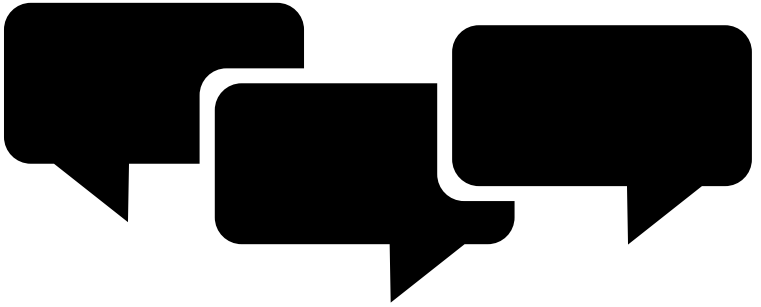
Evaluation is carried out with different persons, depending on who was involved in or witnessed the situation. The evaluation must be carried out before the end of your shift, and it should be carried out with both the patient and your colleagues.

The patient

Before the end of your shift, evaluate the situation with the patient.

Your colleagues

Before you go home, evaluate the situation with one or more colleagues. Use this guide and go through the process systematically. If the episode took place in a public area, you should also evaluate it with the other patients.



The patient Your colleagues

Suggestions for dialogue

"Remember this morning when all of a sudden there was a whole group of staff around you? I'd like us to talk through that episode."

Notes

Notes

This guide forms part of Lene Lauge Berring's PhD project: Deeskalering – håndtering af vold og forebyggelse af tvang på psykiatriske afdelinger. Et handlingsorienteret aktionsforskningssamarbejde (De-escalation – how to manage violent behaviour and prevent coercive interventions in mental healthcare settings. An action-oriented cooperative inquiry).

The PhD project was carried out in cooperation with the Faculty of Health Sciences at the University of Southern Jutland and Mental Health Services in Region Zealand.

The practical part of the de-escalation project took place at Psykiatrien Vest, Ward V1, during the period 2012-2015.

DE-ESCALATION IN MENTAL HEALT SERVICE